

FILED DEC 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

40872

5084

BIRTH NO. ....		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>40 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		2198	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MEMORAH HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>6129 SWOPE PARKWAY</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>James</u>		b. (Middle) <u>B</u>		c. (Last) <u>Marr, Sr.</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>NOV-26-1956</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED-40 YEARS</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>		9. AGE (In years last birthday) <u>94</u>		11. BIRTHPLACE (State or foreign country) <u>NEAR PARADISE MISSOURI</u>	
13a. FATHER'S NAME <u>JAMES MARR</u>		13b. MOTHER'S MAIDEN NAME <u>ELISNIA LEWIS</u>		14. NAME OF HUSBAND OR WIFE <u>MYRTLE E. MARR</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. ELSIE ROPER</u>		ADDRESS <u>6129 SWOPE PARKWAY KANSAS CITY, MO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Block</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CONGESTIVE HEART FAILURE</u> DUE TO (c) <u>ATHEROSCLEROSIS</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral arterio-sclerosis</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May</u> , 1950, to <u>Nov 29</u> , 1950, that I last saw the deceased alive on <u>11-29</u> , 1950, and that death occurred at <u>10 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>B. Marcus Heller</u> (Degree or title) <u>Dr. J.D.</u>				23b. ADDRESS <u>416 Bryant Bldg.</u>		23c. DATE SIGNED <u>11-29-50</u>	
24a. BURIAL CREMATION (REMOVAL) (Specify) <u>BURIAL</u>		24b. DATE <u>DEC 2-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OLD PLATTSBURG CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>PLATTSBURG MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>12-2-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>P.W. Newcomer</u>		ADDRESS <u>1231 BRUSH CREEK DR. KANSAS CITY, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. 407

Signed.....

Student Embalmer

Signed.....

Licensed Embalmer No. 4560

P. O. Address 150 mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.